U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official: Hee Only	_
For Official Use Only	
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5.345		2. Fiscal Year Covered From:	
		1 / 1 / 2004 Through: :	12 / 31 / 2004
3. Name and address of person filing.		4. Name, file number, and address of labor organiz	zation.
Name Antonio	Oliveira	Name Heavy & General Const. Lab	o. Local 472
		Labor Organization File Number 007-246	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any	
Street 174 Forest Street		Street 700 Raymond Boulevard	
City Kearny		City _{Newark}	
State New Jersey	ZIP Code + 4 07032	State New Jersey 2	ZIP Code + 4 07105

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade nam	e, if any). 7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Cod	e + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	/,	Jde
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Quaina

On 07/07/2005

973-589-5050

Date

Telephone Number

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Zazzali, Fagella, Nowak, Kleinbaum & Friedman

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street one Riverfront Plaza

City Newark

State New Jersey

Trade Name, if any:

ZIP Code + 4 07102

9. Business deals with:

X a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

P.O. Box, Bidg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Law Firm that represents Laborers Local 472 on a monthly retainer of \$6,000.00

monthly retainer

11.b. Approximate dollar value of such dealing.

\$6,000

12.a. Nature of interest held or income received.

Received a traditional Holiday Season Fruit/Food Basket that I assume that the value to be greater than \$25.00

12.b. Amount.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

Name of Person Filing Antonio Oliveira

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Alliance Bernstein	★ a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1345 Avenue of the Americas	c. Employer	
City New York		
State New Jersey ZIP Code + 4 10105		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Investment Management	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	On 8/3/04 I participated in a golf outing sponsored by Alliance Bernstein. The estimated cost of the round of golf is beleived to be greater than \$50.00	
	12.b. Amount.	

Name of Person	Filing	Antonio	Oliveira

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Independence Bank	🗙 a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 133 Jackson Street	c. Employer	
City Newark		
State New Jersey ZIP Code + 4 07105		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Banking	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
C#.		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	On 10/27/04 I participated in a golf outing sponsored by Independence Bank. The estimated value of a round of golf is beleived to be greater than \$50.00	
	\$	
	and the second s	
	12.b. Amount.	